Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

A. M. A. COUNCIL ON PHARMACY AND CHEMISTRY.

The report of the Council on Pharmacy and. Chemistry of the American Medical Association is published regularly in the Journal of the A. M. A. and therefore need not be reprinted in this Journal. The reports are full of meat and they should be read carefully by every practitioner. A review of these columns from time to time may prove not uninteresting.

Among the products endorsed by the Council: Barbital, Chlorcosane and Procaine.

CHLORCOSANE. Chlorcosane is a solvent for Diachloramine-T. Both the label and the statement of the Council regarding Chlorcosane, though true, are misleading. The label reads "chlorinated and liquefied paraffin," and this, as well as the statement of the Council would lead the ordinary reader to assume that Chlorcosane contains available chlorine. This is not the case. A chlorine carrier, like diachloramine-T, dissolved in a paraffin oil is liable to replace some of the hydrogen in the paraffin by chlorine, at the same time form-ing Hydrochloric acid. If the hydrogen in the paraffin has already been replaced by chlorine, such a reaction is impossible and the solution will probably be very much more stable. Chlorcosane is simply such a paraffin in which hydrogen has been replaced by chlorine and though it contains 30 per cent. or more of chlorine, it is no more a chlorine carrier than is chloroform. It should, therefore, be borne in mind that Chlorcosane is, at best, simply an inert solvent.

BARBITAL. Barbital is the official name for

Diethyl Barbituric Acid, which has been generally known under the arbitrary name of Veronal. Barbital is manufactured in this country under license from the Federal Trade Commission, but this license does not carry with it the right to use the name Veronal, which is the property of two concerns that were marketing this product before the present war. The name Barbital includes Veronal, but Barbital marketed by any but these two firms cannot be labeled Veronal. It is to be hoped that the physician will use the official name Bar-bital instead of Veronal. He will thus do a patriotic act and, in addition, may help to stop the present excessive use of Veronal. It has been claimed that Veronal is not a habit-forming drug, but there certainly are those who believe they cannot get sleep without the use of this drug, and some of them use it to excess. Everybody knows the name Veronal and if the physician prescribes Veronal against the marks his prescription. scribes Veronal, even if he marks his prescription not to be repeated, the patient knows what he is getting as he usually reads the prescription, and he can obtain more at the nearest drug store. If the physician will write Barbital, a name which is unfamiliar to the public, will order his prescription not to be repeated, and will use capsules instead of tablets, he can watch his patient much more closely, and if he finds it necessary to have the prescription repeated he may substitute the care watch he may substitute the prescription repeated he may substitute the care watch he car to have the prescription repeated, he may substi-tute some sugar and milk for some of the Barbital, and thus gradually wean his patient from the use of the drug.
PROCAINE is the official name for Novocain.

In its propaganda for reform the Council calls the attention of the physician to the following: Phenalgine, Ammonal, Camphophenique, Basey Bread, Fellows Syrup, Syphilidial, Bellans and

Antiphlogistine.

Phenalgine and Ammonal are not chemical individuals but mixtures whose chief medicinal ingredients is acetanilide. At present both are dead in this locality—but there is no telling what will happen when the detail man comes around again. Camphophenique, as pointed out over ten years ago, is not composed of approximately equal parts of phenol and camphor, but consists of about one part phenol, two parts camphor and two parts paraffin oil. A similar mixture may be prepared by the druggist if the physician finds the ordinary camphorphenol escharotic. This is usually made of one part phenol and two parts camphor. A mix-ture of one part phenol and three camphor seems perfectly safe without any causticity.

The Council considers Fellows Syrup of the

Hypophosphites an inelegant preparation not equal to Compound Syrup of Hypophosphites N. F. The hypophosphites seem to have no specific action and do not supply phosphorus to the tissues. There is no objection to the use of hypophosphites of iron, manganese, quinine, strychnine, ammonium or calcium but sulphates or chlorides are just as

Basey Bread, recommended as an obesity cure Graham bread at \$1.00 a loaf. With bread at \$1.00 a loaf, obesity would soon be a mark of wealth and distinction, as in China.

Bellans makes more extravagant claims than even other preparations of papain, pepsin, etc., and may do harm by inducing the reader of its advertisement to overindulge in indigestible food.

Syphilidial has not yet reached us. It seems not to be what it claims to be and should be investigated carefully before using.

The Council has studied the best way of giving Bicarbonate of Soda. It recommends that the bicarbonate be dissolved in a considerable quantity of plain or carbonated water. It suggests as an improvement the addition of a little sugar and lemon juice. Of course the physician who orders bicarbonate in this way will see that an excess of soda is used but the layman is apt to overlook this and thus get a pleasant lemonade with a little citrate of soda. Perhaps the Council intended in this way to stop the indiscriminate and often injurious use of bicarbonate of soda.

SAVING GRAIN, SUGAR AND GLYCERINE.

The Pharmacopoeia Committee of Great Britain has issued a War Pharmacopoeia which thereby becomes the standard in that country. It eliminates, as far as possible, sugar, alcohol and glycerine. A similar movement has been started in this country. It was the main topic at the meeting of the Minnesota Pharmaceutical Association on February 6th, 7th and 8th. The discussion started with a paper by Mr. F. A. Upshar Smith, in which

he proposes a large number of substitute formulae. Every American must feel interested in the conservation of our grain, sugar and glycerine, but we must also conserve our man power and the material saving may be attended with such a waste of man power as to be really a loss. The formulae in the United States Pharmacopoeia and most of those in the National Formulary are the results of months of laboratory work and years of experience. The substitute formulae certainly are not better than those in use and, in most cases, are not so good. It would not be fair to the public nor to the pharmacists to take snap judgment and to adopt these formulae without a thorough test, and this would take months and perhaps years. The difficulty might be overcome by adopting the British War Pharmacopoeia, but even then, years. considerable work would be necessary to adapt this book to American conditions. Furthermore, there seems to be no provision of law short of Congressional interference that will permit of a substitute for the present standards. The committees meet every ten years and, their work accom-plished, they dissolve. There can be no new committees then until 1920 unless Congress passes the necessary legislation creating such committees to serve at once and declaring that their work shall constitute the standards. But even could these changes be adopted at once, it is a question whether they would be desirable. They would give rise to needless confusion and to very considerable expense on the part of the pharmacist.

It is difficult to say how much sugar, glycerine and alcohol are used in legitimate pharmacy. Sugar, undoubtedly, less than 10,000 tons. Alcohol, less than 4,000,000 gallons, and glycerine about 2,000,000 pounds. The sugar represents about one days' consumption of the United States, and if every adult in this country will use only one small piece of sugar less once a week, the saving in a year will be considerably over the 10,000 tons used in pharmacy. The alcohol is about 2 per cent. of the total amount distilled in 1916, and represents 800,000 bushels of grain, a negligible factor in a crop of over a thousand million bushels. Furthermore, the sugar and alcohol are not wasted. They are easily assimilated and undoubtedly act as food in many cases where food is needed.

Mr. Smith advocates the use of infusions, decoctions, pills and powders instead of tinctures, etc. Here we have a tremendous waste of man power. Infusions take time, they are inelegant and, as a rule, inaccurate. But the time element alone is so great that the apparent saving becomes a waste. Then, too, the comfort of the patient must be considered. A sick man should be given his medicine in as palatable a form as is possible. He can, of course, take nasty medicine, but he will not if he can help it, and often the revulsion of feeling will cause the medicine to lose some of its efficacy. This is particularly the case with children, and it, therefore, would be a mistake to eliminate altogether, the pleasant medicines now

Glycerine could probably be replaced in all internal medicaments by glucose, and although it would not be strictly legal, it is probable that a proclamation to that effect issued by the Secretaries of Agriculture, Commerce and the Treasury would be accepted by all food officials

would be accepted by all food officials.

There can be no doubt that the physician does, at times, prescribe rather more sugar and alcohol than are really necessary, but if he will watch things and use medicated waters as far as possible, it will, undoubtedly, help to conserve the resources of the country.

The Food Administration heartily endorses this movement and has sent letters to editors of medical and pharmaceutical journals asking that they use their influence to promote it. It seems probable, however, that the officials of the Food Administration have not carefully considered the main difficulty, the waste of man power when infusions, pills, powders and capsules are prescribed extem-

SALE OF EXPLOSIVES.

THE FEDERAL EXPLOSIVE ACT forbids the sale to an unlicensed person of over one ounce of an explosive or chemical that may be used in the manufacture of an explosive. The list includes nitric acid, potassium nitrate, sodium nitrates, silver nitrates and potassium permanganate. The physician can purchase one ounce nitric acid or eighty five-grain permanganate tablets but no more at one time unless he first takes out a license. Licenses may be obtained from one of the licensing officers on personal application and payment of 25 cents. The licensing officers for San Francisco are Miss Edith Burnham, Phelan Building, and Harry F. Sullivan, Humboldt Bank.

Licenses once granted are good until revoked, but a certified copy costing 25 cents must be deposited with each dealer from whom the licensee obtains supplies. Probably most physicians will be satisfied to purchase the above chemicals in small quantity as this can be done without red tape.

State Board of Health

April Meeting.

The State Board of Health met in Sacramento on April 6th, 1918. The members present were: Dr. George E. Ebright, President; Dr. F. F. Gundrum, Vice-President; Dr. Edward F. Glaser, Dr. Adelaide Brown, and Dr. W. H. Kellogg. Secretary.

The following resignations were accepted: John H. Muller, laborer, and Miss Lillian R. Jones, stenographer in the Morbidity Division. Leaves of absence were granted as follows: Miss Elizabeth N. Pack, R. N., Assistant to the Director of the Bureau of Registration of Nurses; Mrs. Berenice Perrett, stenographer in the Bureau of Foods and Drugs, and Miss Marian Lynne, Social Service Director in the Bureau of Venereal Diseases.

The following appointments were made: Rodney F. Atsatt as Inspector to assist in the mosquito and malarial survey; Miss Lillian M. Hall, as parttime stenographer; Miss Sarah Goldstine, as general clerk in the Morbidity Statistics Division; Victor Burke as parttime bacteriologist for the purpose of analyzing milk from wagons supplying Camp Fremont, and Miss Blanche Folsom, temporarily as assistant to the director of the Bureau of Registration of Nurses.

A communication was read from Dr. D. W. Montgomery of San Francisco suggesting the conservation of lard by the use of petrolatum in its stead in the manufacture of pharmaceutical products. It appeared that a very definite saving of fat would result in the following out of this suggestion, and it was the sense of the Board that physicians should aid in its conservation by the acceptance of the substitute in such products as zinc oxide ointment.

Dr. W. C. Billings of the United States Public Health Service, and Medical Officer in charge of the plague eradicative work in California, appeared at the meeting and stated that he had received word from the Surgeon-General that the Government's appropriation for this work in California would be reduced on May 1st to a sum which would practically mean the discontinuance of this work unless the State saw fit to replace

the loss by a special appropriation.

The Director of the Bureau of Registration of Nurses presented an outline of changes to be made in the schedule of studies required in training schools for nurses. The demands of the army for nurses are such as to make it absolutely necessary that all means possible be adopted to facilitate the training of nurses and increase the output of schools for nursing. The requirement adopted in April, 1916, providing that applicants must present evidence of having completed a fouryear course in an accredited high school, or other institution of standard secondary grade, was modified so that the theoretical preparatory course may be obtained in an accredited college, junior college, high school or in a private school of approved secondary standing or in a school of nursing, and that this portion of the course must include the required subjects of chemistry, one unit, biology and physiology, one unit, nutrition and cookery, one to two units. This preparatory training will carry a weight of six months' credit on the three-year course. The professional training, however, must be obtained in an accredited hospital or hospitals or institution for the care of the sick approved by the State Board of Health, and shall consist of experience in medical, surgical, obstetrical patients and of sick children. It was further decided that graduates with a degree of a recognized university will be given credit of one

A large number of successful contestants in the recent examination for the title of "Registered